RECLIVED

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation 16

Return to: Secretary of State, 500 E	E. Capitol, Pierre, SD	57501-5077 S.D. SEC. OF STAT
1. TITLE OF NEWSPAPER The Standard		2. DATE 9-21-16
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS	HED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE \$ 39 PU9
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF	DI IRI ICATION (Stre	
(Not printers) /23 N Main St. POBox 216 White Lake 50 57383		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
PUBLISHER (Not printers) POBOX 216 White Lake 50 57383		
6. FULL NAME OF PUBLISHER: 5. Condard Publishing Inc. 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name		
and address, as well as that of each individual must be given.		
FULL NAME COMPLETE MAILING ADDRESS		
Kim thless Poboxallewhitelake 50 57383		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		
	AVERAGE NO. CO	OPIES ACTIVAL NO CONTES
9. EXTENT AND NATURE OF CIRCULATION	EACH ISSUED PRECEDIN MONTHS	ACTUAL NO. COPIES
A.TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	540	540
B.PAID AND/OR REQUESTED CIRCULATION Sales through dealers and carriers, street vendors, and counter sales.	45	65
Mail Subscription (Paid and or requested)	264	257
3. Paid Electronic Copies	A	0
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	329	322
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	329	322
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	211	218
2. Return from News Agents	0	2
G.TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	540	540
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete: (Signature) (Title)		
State of South Dakota Sworn to before me this 1 day of Texture, 20/6 State of South Dakota		
County of Avera S) SCOTT CLITES Notary Public Notary Public SEALY Commission expires: 2-19-2020		
(Seal) SOUTH DAKOTA	Sommission expi	